

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1							
2	1							
3								
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5	1							
6		1						
7	1							
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TOTAL IND.	5	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	4	←	←	←	←	←	←	←
TOTAL CLAIMS	9							
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TOTAL IND.		↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←	←	←
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS